

BAYVIEW GENERAL MEDICINE

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Cosmetic Interest Questionnaire

Please check all procedures that you may be interested in receiving information about:

- | | |
|--|---|
| <input type="checkbox"/> Juvederm | <input type="checkbox"/> Skin care advice |
| <input type="checkbox"/> Fraxel® | <input type="checkbox"/> Skin care products |
| <input type="checkbox"/> Radiesse® | <input type="checkbox"/> Birthmarks |
| <input type="checkbox"/> Skin tightening | <input type="checkbox"/> Liver spots/age spots |
| <input type="checkbox"/> Rosacea | <input type="checkbox"/> Sunscreen advice |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Removing leg veins |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Facials and eye treatments |
| <input type="checkbox"/> Laser rejuvenation | <input type="checkbox"/> Hair removal |
| <input type="checkbox"/> Laser treatments | <input type="checkbox"/> Spider vein treatments |
| <input type="checkbox"/> Removing facial veins | <input type="checkbox"/> Botox® Cosmetic (Botulinum Toxin type A) |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

Not concerned		Somewhat concerned		Very concerned
1	2	3	4	5

How did you hear about us?

Please specify: _____

What is your reason for having cosmetic surgery? _____

Have you consulted any other physicians? _____

Is having cosmetic surgery your idea, or is someone else urging you to have it? _____

Do you understand that the objective of any cosmetic procedure is improvement in appearance, not perfection? _____

Do you understand that anyone undergoing cosmetic surgery must assume certain risks? _____

What are your expectations? _____